

#1802

HAND DELIVERED



09 FS-1

# Rhode Island Ethics Commission

## 2009 YEARLY FINANCIAL STATEMENT

Amended @

RECEIVED  
RHODE ISLAND  
ETHICS COMMISSION  
10 SEP -2 AM 11:13

ALL QUESTIONS REFER TO THE CALENDAR YEAR JANUARY 1, 2009 THROUGH DECEMBER 31, 2009 UNLESS OTHERWISE SPECIFIED.

PLEASE ANSWER ALL QUESTIONS AND WHERE YOUR ANSWER IS "NONE" OR "NOT APPLICABLE" SO STATE. ANSWERS SHOULD BE PRINTED OR TYPED, and additional sheets may be used if more space is needed. For clarification of any question, read instruction sheet.

Note: If you are a state or municipal official or employee who is required to file a Yearly Financial Statement, a failure to file the Statement is a violation of the law and may subject you to substantial penalties, including fines. If you received a 2009 Yearly Financial Statement in the mail but believe you did not hold a public position in 2009 or 2010 that requires such filing, you should contact the Ethics Commission (See Instruction Sheet for contact information).

1. Chafee Lincoln D.  
NAME OF OFFICIAL (LAST) (FIRST) (INITIAL)

2. 22 Beachwood Drive Warwick RI 02818  
HOME ADDRESS (STREET) (CITY/TOWN) (ZIP CODE)

c/o Davis, Kilmarx, Swan & Bowling, 101 Dyer Street, 2nd Floor, Providence, RI 02903  
MAILING ADDRESS (if different from home address)

3. List Public Position(s) you hold and governmental unit:

None  
(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

I was elected on \_\_\_\_\_ I was appointed on \_\_\_\_\_ I was hired on \_\_\_\_\_  
(date) (date) (date)

If you no longer hold a public position, state date of termination or resignation \_\_\_\_\_

4. List elected office(s) for which you were/are a candidate in either calendar year 2009 or 2010 (Read instruction #4)

Governor

5. List the following: NAME OF SPOUSE

Stephanie D. Chafee

6. List the names of any employer from which you, your spouse, or dependent child received \$1,000 or more gross income during calendar year 2009. If self-employed, list any occupation from which \$1,000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of \$250, list the date and nature of services rendered. If the public position or employment listed in #3, above, provides you with an amount of gross income in excess of \$250 it must be listed here. (Do Not List Amounts.)

| NAME OF FAMILY MEMBER EMPLOYED      | NAME AND ADDRESS OF EMPLOYER OR OCCUPATION     | DATES AND NATURE OF SERVICES RENDERED |
|-------------------------------------|--|---------------------------------------|
| Foundation for Effective Governance | 23F Kudrjavskaja Street<br>Kiev 04053, Ukraine | Consulting                            |
| Brown University                    | 244 Thayer Street<br>Providence, RI 02912-9031 | Wages - Watson Institute              |

7. List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest.

| NAMES | NATURE OF INTEREST | ADDRESS OR DESCRIPTION |
|-------|--------------------|------------------------|
|-------|--------------------|------------------------|

Please see attached.

8. List the name of any trust, name and address of the trustee of any trust, from which you, your spouse, or dependent child or children individually received \$1,000 or more gross income. List assets if known. (Do Not List Amounts.)

NAME OF TRUST: Please see attached.

NAME OF TRUSTEE AND ADDRESS: \_\_\_\_\_

NAME OF FAMILY MEMBER RECEIVING TRUST INCOME: \_\_\_\_\_

ASSETS: \_\_\_\_\_

9. List the name and address of any business organization or other entity, whether for profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or a management position.

| NAME OF FAMILY MEMBER | NAME AND ADDRESS OF BUSINESS | POSITION |
|-----------------------|------------------------------|----------|
|-----------------------|------------------------------|----------|

Please see Attached.

10. List the name and address of any interested person, or business entity, that made total gifts or total contributions in excess of \$100 in cash or property during calendar year 2009 to you, your spouse, or dependent child. Certain gifts from relatives and certain campaign contributions are excluded. (See instruction #10)

NAME OF PERSON RECEIVING  
GIFT OR CONTRIBUTION

NAME AND ADDRESS OF PERSON OR ENTITY  
MAKING GIFT OR CONTRIBUTION

None.

11. List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest.

NAME OF FAMILY MEMBER

NAME AND ADDRESS OF BUSINESS

Please see Attached.

12. If any business listed in #11, above, did business in excess of a total of \$250 in calendar year 2009 with a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS  
OF BUSINESS

NAME OF AGENCY

DATE AND NATURE  
OF TRANSACTION

None.

13. If any business listed in #11, above, was a business entity subject to direct regulation by a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS

NAME OF REGULATING AGENCY

None.

14. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2010 and before the date you file this statement AND if said business was regulated by a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS OF BUSINESS

DESCRIPTION OF INTEREST (NOT AMOUNT)  
AND DATE ACQUIRED AND/OR DIVESTED

None.

NAME OF REGULATING AGENCY

HOW REGULATED

15. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2010 and before the date you file this statement, which did business in excess of \$250 with a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS  
OF BUSINESS

DESCRIPTION OF INTEREST  
DATE ACQUIRED AND/OR DIVESTED  
(DO NOT INCLUDE AMOUNT)

NAME OF STATE  
OR MUNICIPAL AGENCY

None.

16. If you, your spouse or dependent child were indebted in an amount in excess of \$1,000 to any person, business entity or other organization other than (i) any person related to you, your spouse or dependent child at any time within the third degree of consanguinity, or (ii) a financial institution regulated by any state or by the United States where such indebtedness is secured solely by a mortgage of record on real property used exclusively as your principal residence, or (iii) any indebtedness arising from transactions involving credit cards, please list the following:

NAME AND ADDRESS OF DEBTOR

NAME AND ADDRESS OF LENDER

None.

I certify under penalty of perjury, that this Financial Statement is a complete and accurate response to the questions presented as to the financial information and interests during the year 2009 of myself, my spouse, and my dependent children. I acknowledge that I may request an advisory opinion from the Ethics Commission as to my conduct under the Code of Ethics. I understand that a copy of the Code of Ethics will be provided to me at no cost upon request by contacting the Ethics Commission.

State of Rhode Island

County of PROVIDENCE

SIGNATURE

Subscribed and sworn to before me at PROVIDENCE this 1 day of Sept. 2010

My Commission expires: 3/31/2014

SIGNATURE OF NOTARY PUBLIC

THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED AND IF ANY  
QUESTION IS NOT ANSWERED.

W. PARISH LENTZ  
Notary Public-State of Rhode Island  
My Commission Expires  
March 31, 2014

RHODE ISLAND ETHICS COMMISSION  
2009 YEARLY FINANCIAL STATEMENT

Lincoln D. Chafee  
Attachment (Page 1)

| <u>Name</u>                                  | <u>Nature of Interest</u>  | <u>Address or Description</u>   |
|--|--|---|
| 7. Stephanie D. Chafee                       | Sole Member of<br>WeeHoose Farm, LLC   | 361 Victory Highway, 366 Victory<br>Highway, Ten Rod Road, Town<br>Hall Road, Noosneck Hill Road,<br>Exeter, RI<br>Exeter Tax Assessor's Parcels<br>20-4-7, 20.-5-1, 22-1-2, 34-4-3,<br>7-2-3, 21-1-2 |
| Stephanie D. Chafee                          | Sole Member of<br>B Street Ventures, LLC<br>54 Barnes Street<br>Providence, RI 02906 | 655 Broad Street, 656 Broad Street,<br>650 Broad Street, 146 Chester<br>Street, Providence, RI<br>Providence Tax Assessor's Parcels<br>04402460000, 04500010000,<br>04500020000, 04504890000          |
| Stephanie D. Chafee<br>and Lincoln D. Chafee | Beneficiaries of Trust   | 54 Barnes Street, Providence, RI<br>Providence Tax Assessor's<br>Parcel 00903950000   |
| Lincoln D. Chafee                            | Owner  | 59 Nautilus Road<br>Sorrento, ME 04677<br>Map/Lot 008-008   |
| Stephanie D. Chafee                          | Beneficiary of Trust   | Nautilus Road<br>Sorrento, ME 04677<br>Map/Lot 008-008-001  |
| Stephanie D. Chafee                          | Beneficiary of Trust   | Ocean Avenue<br>Sorrento, ME 04677<br>Map/Lots 005-016, 005-016-A   |
| Lincoln D. Chafee                            | Beneficiary of Trust   | 107 Ocean Avenue<br>Sorrento, ME 04677<br>Map/Lot 005-015   |
| Stephanie D. Chafee<br>and Lincoln D. Chafee | Joint Tenant   | 41 Timber Lane<br>Franconia, NH   |
| Lincoln D. Chafee                            | Member of Ledge, LLC   | 9 Dr. Jackson's Lane<br>Sorrento, ME 04677<br>Lot 2A  |
| Lincoln D. Chafee                            | Member of Ledge, LLC   | 14 Dr. Jackson's Lane<br>Sorrento, ME 04677<br>Lot 2  |

RHODE ISLAND ETHICS COMMISSION  
2009 YEARLY FINANCIAL STATEMENT

Lincoln D. Chafee  
Attachment (Page 2)

|                   |                  |  |
|-------------------|------------------|--|
| Lincoln D. Chafee | Tenant in Common | Cherry Hill Road<br>Harrisville, NH 03450<br>Lot 5 |
|-------------------|------------------|--|

8. Name of Trust: SDC Blind Trust

Name of Trustee and Address: Murray S. Danforth, III  
17 Lloyd Lane  
Providence, RI 02906

Assets:

A.H. Belo Corp.  
AT&T, Inc.  
ATX Communications, Inc.  
Automatic Data Processing  
BMC Software  
BP PLC  
Bank of America Corp.  
Belo Corp.  
Boardwalk Pipeline Partners, LP  
Bristol-Myers Squibb  
Broadridge Financial Solutions, Inc.  
Caterpillar, Inc.  
Central Fund of Canada, Ltd.  
Coca Cola  
Coeur d'Alene Mines Corp.  
Cree, Inc.  
Dell, Inc.  
Dow Chemical Co.  
Eli Lilly & Co.  
Energy Transfer Partners, LP  
Exxon Mobile Corp.  
Fairpoint Communications, Inc.  
General Electric  
Goldcorp, Inc.  
Heinz H J Co  
Honda Motor ADR  
IBM  
Idearc Inc.  
Infinera Corp.  
JP Morgan Chase & Co.  
Johnson & Johnson  
Kinder Morgan Energy Partners MLP  
Kinross Gold Corp.  
MIPS Technologies  
Macy's Inc.  
Merck & Co Inc.

RHODE ISLAND ETHICS COMMISSION  
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Lincoln D. Chafee  
Attachment (Page 3)

Newmont Mining Corp.  
Nustar Energy LP  
Pfizer Inc.  
Plains All Amer.  
Pipeline LP  
Plum Creek Timber Co Inc.  
SEI Tax Exempt Funds  
Textron Inc.  
Verizon Communications Corp

Family Member Receiving Income: Stephanie D. Chafee

| 9. | <u>Name of Family Member</u> | <u>Name and Address of Business</u>  | <u>Position</u> |
|----|------------------------------|--|-----------------|
|    | Lincoln D. Chafee            | Ledge, LLC<br>80 Ferry Road<br>Saunderstown, RI 02874                                      | Member          |
|    | Lincoln D. Chafee            | American University of Beirut<br>3 Dag Hammarskjold Plaza<br>New York, NY 10017            | Board Member    |
|    | Lincoln D. Chafee            | Foundation for Effective<br>Governance<br>29 g Yaroslavov Val Street<br>Kiev 01034 Ukraine | Board Member    |
|    | Lincoln D. Chafee            | NARAL Pro-Choice America<br>1156 15th St., NW Suite 700<br>Washington, DC 20005            | Board Member    |
|    | Lincoln D. Chafee            | Slater Mill<br>67 Roosevelt Avenue<br>Pawtucket, RI 02860                                  | Board Member    |
|    | Stephanie D. Chafee          | RI Foundation<br>One Union Station<br>Providence, RI 02903                                 | Board Member    |
|    | Stephanie D. Chafee          | Rhode Island Hospital<br>593 Eddy Street<br>Providence, RI 02903                           | Board Member    |
|    | Stephanie D. Chafee          | South County Hospital<br>100 Kenyon Avenue<br>Wakefield, RI 02879                          | Board Member    |

RHODE ISLAND ETHICS COMMISSION  
2009 YEARLY FINANCIAL STATEMENT

Lincoln D. Chafee  
Attachment (Page 4)

|                     |   |   |
|---------------------|---|---|
| Stephanie D. Chafee | The Wheeler School<br>216 Hope Street<br>Providence, RI 02906                                       | Board Member  |
| Stephanie D. Chafee | Murray S. Danforth, Jr.<br>Grandchildren's Trust #2<br>222 Parsonage Street<br>Providence, RI 02903 | Co-Trustee  |
| Stephanie D. Chafee | WeeHoose Farm, LLC<br>54 Barnes Street<br>Providence, RI 02906                                      | Sole Member   |
| Stephanie D. Chafee | Rhode Island Cares Foundation<br>54 Barnes Street<br>Providence, RI 02906                           | President   |
| Stephanie D. Chafee | B Street Foundation<br>54 Barnes Street<br>Providence, RI 02906                                     | Director  |
| Stephanie D. Chafee | B Street Ventures, LLC<br>54 Barnes Street<br>Providence, RI 02906                                  | Sole Member   |
| 11.                 | <u>Name of Family Member</u>  | <u>Name and Address of Business</u>   |
|                     | Stephanie D. Chafee   | WeeHoose Farm, LLC<br>c/o Stephanie D. Chafee<br>366 Victory Lane<br>Exeter, RI 02822 |
|                     | Stephanie D. Chafee   | B Street Ventures, LLC<br>54 Barnes Street<br>Providence, RI 02906                    |
|                     | Lincoln D. Chafee   | Hasbro, Inc.<br>Pawtucket, RI   |
|                     | Lincoln D. Chafee   | Ledge, LLC Interest<br>80 Ferry Road<br>Saunderstown, RI 02874                        |



**GENERAL OFFICER ADDENDUM**  
**TO 2009 FINANCIAL DISCLOSURE STATEMENT**

If you hold, or are a candidate for, a statewide general office (Governor, Lieutenant Governor, Secretary of State, Attorney General, General Treasurer), list all sources and amounts of income in excess of two hundred dollars (\$200), you received during calendar year 2009. R.I. Gen. Laws § 36-14-17(b)(2).

**SOURCE AND DESCRIPTION OF INCOME:**

**AMOUNT OF INCOME:**  
(check one)

Name of Source: Hasbro, Inc.  
Address: 1027 Newport Avenue  
Pawtucket, RI 02862  
Description: Dividends

☒ Not more than \$1,000  
☐ \$1,001 to \$10,000  
☐ \$10,001 to \$25,000  
☐ \$25,001 to \$50,000  
☐ \$50,001 to 100,000  
☐ \$100,001 to \$200,000  
☐ \$200,001 to \$500,000  
☐ \$500,001 to \$1,000,000  
☐ More than \$1,000,000

**SOURCE AND DESCRIPTION OF INCOME:**

**AMOUNT OF INCOME:**  
(check one)

Name of Source: BTL Production Services  
Address: 100 E. Tujunga Avenue  
Burbank, CA 91502  
Description: Wages - Real Time with  
Bill Maher

☒ Not more than \$1,000  
☐ \$1,001 to \$10,000  
☐ \$10,001 to \$25,000  
☐ \$25,001 to \$50,000  
☐ \$50,001 to 100,000  
☐ \$100,001 to \$200,000  
☐ \$200,001 to \$500,000  
☐ \$500,001 to \$1,000,000  
☐ More than \$1,000,000

I certify under penalty of perjury that the information contained on this form, and on any attachments, is a complete and accurate listing of the sources and amounts of income exceeding \$200 that I received in calendar year 2009.

State of Rhode Island  
County of PROVIDENCE

Signed

Date

Subscribed and sworn to before me at PROVIDENCE

on the following date:

SEPT 1, 2010

My Commission Expires: 3/31/2014

Signature of Notary Public

(Attach additional sheets if necessary)

**W. PARISH LENTZ**  
Notary Public-State of Rhode Island  
My Commission Expires  
March 31, 2014

*Continuation of General Officer Addendum to 2009 Yearly Financial Statement:*

**SOURCE AND DESCRIPTION OF INCOME:**

**AMOUNT OF INCOME:**

*(check one)*

Name of Source: Centreville Savings Bank  
Address: 1218 Main Street  
West Warwick, RI 02893  
Description: Interest

- ☐ Not more than \$1,000  
☒ \$1,001 to \$10,000  
☐ \$10,001 to \$25,000  
☐ \$25,001 to \$50,000  
☐ \$50,001 to 100,000  
☐ \$100,001 to \$200,000  
☐ \$200,001 to \$500,000  
☐ \$500,001 to \$1,000,000  
☐ More than \$1,000,000

**SOURCE AND DESCRIPTION OF INCOME:**

**AMOUNT OF INCOME:**

*(check one)*

Name of Source: RBS Citizens, NA  
Address: 1 Citizens Plaza  
Providence, RI 02903  
Description: Interest

- ☐ Not more than \$1,000  
☒ \$1,001 to \$10,000  
☐ \$10,001 to \$25,000  
☐ \$25,001 to \$50,000  
☐ \$50,001 to 100,000  
☐ \$100,001 to \$200,000  
☐ \$200,001 to \$500,000  
☐ \$500,001 to \$1,000,000  
☐ More than \$1,000,000

**SOURCE AND DESCRIPTION OF INCOME:**

**AMOUNT OF INCOME:**

*(check one)*

Name of Source: Brown University  
Address: 244 Thayer Street  
Providence, RI 02912-9031  
Description: Wages - Watson Institute

- ☐ Not more than \$1,000  
☐ \$1,001 to \$10,000  
☐ \$10,001 to \$25,000  
☒ \$25,001 to \$50,000  
☐ \$50,001 to 100,000  
☐ \$100,001 to \$200,000  
☐ \$200,001 to \$500,000  
☐ \$500,001 to \$1,000,000  
☐ More than \$1,000,000

*Continuation of General Officer Addendum to 2009 Yearly Financial Statement:*

**SOURCE AND DESCRIPTION OF INCOME:**

**AMOUNT OF INCOME:**  
(check one)

Name of Source: Foundation for Effective Governance

☐ Not more than \$1,000

Address: 23F Kudrjavska Street

☐ \$1,001 to \$10,000

Kiev 04053, Ukraine

☐ \$10,001 to \$25,000

Description: Consulting Fees

☐ \$25,001 to \$50,000

☒ \$50,001 to 100,000

☐ \$100,001 to \$200,000

☐ \$200,001 to \$500,000

☐ \$500,001 to \$1,000,000

☐ More than \$1,000,000

**SOURCE AND DESCRIPTION OF INCOME:**

**AMOUNT OF INCOME:**  
(check one)

Name of Source: \_\_\_\_\_

☐ Not more than \$1,000

Address: \_\_\_\_\_

☐ \$1,001 to \$10,000

☐ \$10,001 to \$25,000

☐ \$25,001 to \$50,000

☐ \$50,001 to 100,000

Description: \_\_\_\_\_

☐ \$100,001 to \$200,000

☐ \$200,001 to \$500,000

☐ \$500,001 to \$1,000,000

☐ More than \$1,000,000

**SOURCE AND DESCRIPTION OF INCOME:**

**AMOUNT OF INCOME:**  
(check one)

Name of Source: \_\_\_\_\_

☐ Not more than \$1,000

Address: \_\_\_\_\_

☐ \$1,001 to \$10,000

☐ \$10,001 to \$25,000

☐ \$25,001 to \$50,000

☐ \$50,001 to 100,000

Description: \_\_\_\_\_

☐ \$100,001 to \$200,000

☐ \$200,001 to \$500,000

☐ \$500,001 to \$1,000,000

☐ More than \$1,000,000



HAND DELIVERED

ID#1802

09 FS-1

# Rhode Island Ethics Commission

## 2009 YEARLY FINANCIAL STATEMENT

RECEIVED  
RHODE ISLAND  
ETHICS COMMISSION  
10 JUL 29 PM 2:19

ALL QUESTIONS REFER TO THE CALENDAR YEAR JANUARY 1, 2009 THROUGH DECEMBER 31, 2009  
UNLESS OTHERWISE SPECIFIED.

PLEASE ANSWER ALL QUESTIONS AND WHERE YOUR ANSWER IS "NONE" OR "NOT APPLICABLE" SO  
STATE. ANSWERS SHOULD BE PRINTED OR TYPED, and additional sheets may be used if more space is needed.  
For clarification of any question, read instruction sheet.

**Note:** If you are a state or municipal official or employee who is required to file a Yearly Financial Statement, a failure to file the  
Statement is a violation of the law and may subject you to substantial penalties, including fines. If you received a 2009 Yearly  
Financial Statement in the mail but believe you did not hold a public position in 2009 or 2010 that requires such  
filing, you should contact the Ethics Commission (See Instruction Sheet for contact information).

1. Chafee Lincoln D.  
NAME OF OFFICIAL (LAST) (FIRST) (INITIAL)

2. 22 Beachwood Drive Warwick RI 02818  
HOME ADDRESS (STREET) (CITY/TOWN) (ZIP CODE)

c/o Davis, Kilmarx, Swan & Bowling, 101 Dyer Street, 2nd Floor, Providence, RI 02903  
MAILING ADDRESS (if different from home address)

3. List Public Position(s) you hold and governmental unit:

None  
(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

(PUBLIC POSITION)

I was elected on \_\_\_\_\_ I was appointed on \_\_\_\_\_  
(date) (date)

If you no longer hold a public position, state date of termination

4. List elected office(s) for which you were/are a candidate

Governor

5. List the following: NAME OF SPOUSE

Stephanie D. Chafee

*Michelle*  
*I gave Mr. Chafee's*  
*representative*  
*a copy of the*  
*Addendum to*  
*file.*

tion #4)

*Dar*

6. List the names of any employer from which you, your spouse, or dependent child received \$1,000 or more gross income during calendar year 2009. If self-employed, list any occupation from which \$1,000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of \$250, list the date and nature of services rendered. If the public position or employment listed in #3, above, provides you with an amount of gross income in excess of \$250 it must be listed here. **(Do Not List Amounts.)**

NAME OF FAMILY  
MEMBER EMPLOYED

NAME AND ADDRESS  
OF EMPLOYER OR OCCUPATION

DATES AND NATURE  
OF SERVICES RENDERED

None.

7. List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest.

NAMES

NATURE OF INTEREST

ADDRESS OR DESCRIPTION

Please see attached.

8. List the name of any trust, name and address of the trustee of any trust, from which you, your spouse, or dependent child or children individually received \$1,000 or more gross income. List assets if known. **(Do Not List Amounts.)**

NAME OF TRUST: Please see attached.

NAME OF TRUSTEE AND ADDRESS: \_\_\_\_\_

NAME OF FAMILY MEMBER  
RECEIVING TRUST INCOME: \_\_\_\_\_

ASSETS: \_\_\_\_\_

9. List the name and address of any business organization or other entity, whether for profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or a management position.

NAME OF FAMILY MEMBER

NAME AND ADDRESS OF BUSINESS

POSITION

Please see Attached.

10. List the name and address of any interested person, or business entity, that made total gifts or total contributions in excess of \$100 in cash or property during calendar year 2009 to you, your spouse, or dependent child. Certain gifts from relatives and certain campaign contributions are excluded. (See instruction #10)

NAME OF PERSON RECEIVING  
GIFT OR CONTRIBUTION

NAME AND ADDRESS OF PERSON OR ENTITY  
MAKING GIFT OR CONTRIBUTION

None.

11. List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest.

NAME OF FAMILY MEMBER  
Stephanie D. Chafee

NAME AND ADDRESS OF BUSINESS  
WeeHoose Farm, LLC  
c/o Stephanie D. Chafee  
366 Victory Lane  
Exeter, RI 02822

Lincoln D. Chafee

Hasbro, Inc.

Lincoln D. Chafee

Ledge, LLC Interest  
80 Ferry Road  
Saunderstown, RI 02874

12. If any business listed in #11, above, did business in excess of a total of \$250 in calendar year 2009 with a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS  
OF BUSINESS

NAME OF AGENCY

DATE AND NATURE  
OF TRANSACTION

None.

13. If any business listed in #11, above, was a business entity subject to direct regulation by a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS

NAME OF REGULATING AGENCY

None.

14. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2010 and before the date you file this statement **AND** if said business was regulated by a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS OF BUSINESS

DESCRIPTION OF INTEREST (NOT AMOUNT)  
AND DATE ACQUIRED AND/OR DIVESTED

None.

NAME OF REGULATING AGENCY

HOW REGULATED

15. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2010 and before the date you file this statement, which did business in excess of \$250 with a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS  
OF BUSINESS

DESCRIPTION OF INTEREST  
DATE ACQUIRED AND/OR DIVESTED  
(DO NOT INCLUDE AMOUNT)

NAME OF STATE  
OR MUNICIPAL AGENCY

None.

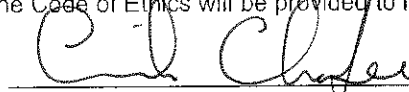
16. If you, your spouse or dependent child were indebted in an amount in excess of \$1,000 to any person, business entity or other organization other than (i) any person related to you, your spouse or dependent child at any time within the third degree of consanguinity, or (ii) a financial institution regulated by any state or by the United States where such indebtedness is secured solely by a mortgage of record on real property used exclusively as your principal residence, or (iii) any indebtedness arising from transactions involving credit cards, please list the following:

NAME AND ADDRESS OF DEBTOR

NAME AND ADDRESS OF LENDER

None.

I certify under penalty of perjury, that this Financial Statement is a complete and accurate response to the questions presented as to the financial information and interests during the year 2009 of myself, my spouse, and my dependent children. I acknowledge that I may request an advisory opinion from the Ethics Commission as to my conduct under the Code of Ethics. I understand that a copy of the Code of Ethics will be provided to me at no cost upon request by contacting the Ethics Commission.

  
SIGNATURE

State of Rhode Island  
County of PROVIDENCE

Subscribed and sworn to before me at PROVIDENCE this 28<sup>th</sup> day of July 2010.

My Commission expires: 3/31/2014

  
SIGNATURE OF NOTARY PUBLIC

W PARISH LENTZ

THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED AND IF ANY  
QUESTION IS NOT ANSWERED.

RHODE ISLAND ETHICS COMMISSION  
2009 YEARLY FINANCIAL STATEMENT

Lincoln D. Chafee  
Attachment (Page 1)

| <u>Name</u>                                  | <u>Nature of Interest</u>            | <u>Address or Description</u>   |
|--|--------------------------------------|---|
| 7. Stephanie D. Chafee                       | Sole Member of<br>WeeHoose Farm, LLC | 361 Victory Highway, 366 Victory<br>Highway, Ten Rod Road, Town<br>Hall Road, Nooseneck Hill Road<br>Exeter Tax Assessor's Parcels<br>20-4-7, 20.-5-1, 22-1-2, 34-4-3,<br>7-2-3, 21-1-2 |
| Stephanie D. Chafee<br>and Lincoln D. Chafee | Beneficiaries of Trust               | 54 Barnes Street<br>Providence Tax Assessor's<br>Parcel 00903950000   |
| Lincoln D. Chafee                            | Owner                                | 59 Nautilus Road<br>Sorrento, ME 04677<br>Map/Lot 008-008   |
| Stephanie D. Chafee                          | Beneficiary of Trust                 | Nautilus Road<br>Sorrento, ME 04677<br>Map/Lot 008-008-001  |
| Stephanie D. Chafee                          | Beneficiary of Trust                 | Ocean Avenue<br>Sorrento, ME 04677<br>Map/Lots 005-016, 005-016-A   |
| Lincoln D. Chafee                            | Beneficiary of Trust                 | 107 Ocean Avenue<br>Sorrento, ME 04677<br>Map/Lot 005-015   |
| Stephanie D. Chafee<br>and Lincoln D. Chafee | Joint Tenant                         | 41 Timber Lane<br>Franconia, NH   |
| Lincoln D. Chafee                            | Member of Ledge, LLC                 | 9 Dr. Jackson's Lane<br>Sorrento, ME 04677<br>Lot 2A  |
| Lincoln D. Chafee                            | Member of Ledge, LLC                 | 14 Dr. Jackson's Lane<br>Sorrento, ME 04677<br>Lot 2  |
| Lincoln D. Chafee                            | Tenant in Common                     | Cherry Hill Road<br>Harrisville, NH 03450<br>Lot 5  |



## RHODE ISLAND ETHICS COMMISSION 2009 YEARLY FINANCIAL STATEMENT

Lincoln D. Chafee  
Attachment (Page 2)

8. Name of Trust: SDC Blind Trust

Name of Trustee and Address: Murray S. Danforth, III  
17 Lloyd Lane  
Providence, RI 02906

Assets:

A.H. Belo Corp.  
AT&T, Inc.  
ATX Communications, Inc.  
Automatic Data Processing  
BMC Software  
BP PLC  
Bank of America Corp.  
Belo Corp.  
Boardwalk Pipeline Partners, LP  
Bristol-Myers Squibb  
Broadridge Financial Solutions, Inc.  
Caterpillar, Inc.  
Central Fund of Canada, Ltd.  
Coca Cola  
Coeur d'Alene Mines Corp.  
Cree, Inc.  
Dell, Inc.  
Dow Chemical Co.  
Eli Lilly & Co.  
Energy Transfer Partners, LP  
Exxon Mobile Corp.  
Fairpoint Communications, Inc.  
General Electric  
Goldcorp, Inc.  
Heinz H J Co  
Honda Motor ADR  
IBM  
Idearc Inc.  
Infinera Corp.  
JP Morgan Chase & Co.  
Johnson & Johnson  
Kinder Morgan Energy Partners MLP  
Kinross Gold Corp.  
MIPS Technologies  
Macy's Inc.  
Merck & Co Inc.  
Newmont Mining Corp.  
Nustar Energy LP

RODE ISLAND ETHICS COMMISSION  
2009 YEARLY FINANCIAL STATEMENT

Lincoln D. Chafee  
Attachment (Page 3)

Pfizer Inc.  
Plains All Amer.  
Pipeline LP  
Plum Creek Timber Co Inc.  
SEI Tax Exempt Funds  
Textron Inc.  
Verizon Communications Corp

Family Member Receiving Income: Stephanie D. Chafee

| 9. | <u>Name of Family Member</u> | <u>Name and Address of Business</u>   | <u>Position</u> |
|----|------------------------------|---|-----------------|
|    | Stephanie D. Chafee          | RI Foundation<br>One Union Station<br>Providence, RI 02903  | Board Member    |
|    | Stephanie D. Chafee          | Murray S. Danforth, Jr.<br>Grandchildren's Trust #2<br>222 Parsonage Street<br>Providence, RI 02903 | Co-Trustee      |
|    | Stephanie D. Chafee          | WeeHoose Farm, LLC<br>54 Barnes Street<br>Providence, RI 02906                                      | Sole Member     |
|    | Stephanie D. Chafee          | Rhode Island Cares Foundation<br>54 Barnes Street<br>Providence, RI 02906                           | President       |
|    | Stephanie D. Chafee          | B Street Foundation<br>54 Barnes Street<br>Providence, RI 02906                                     | Director        |
|    | Stephanie D. Chafee          | WeeHoose Farm, LLC<br>366 Victory Highway<br>Exeter, RI 02822                                       | Sole Member     |
|    | Lincoln D. Chafee            | Ledge, LLC<br>80 Ferry Road<br>Saunderstown, RI 02874   | Member          |

DAVIS, KILMARX, SWAN & BOWLING, LLP

THE OWEN BUILDING  
101 DYER STREET  
PROVIDENCE, RHODE ISLAND 02903

July 29, 2010

RECEIVED  
RHODE ISLAND  
ETHICS COMMISSION  
10 JUL 29 PM 2:20

VIA HAND DELIVERY

Rhode Island Ethics Commission  
40 Fountain Street  
Providence, RI 02903

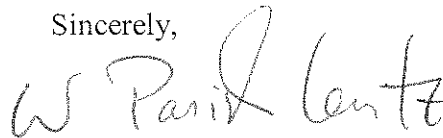
Re: Lincoln D. Chafee  
2009 Yearly Financial Statement

Dear Sir or Madam:

Please find enclosed original 2009 Yearly Financial Statement for Lincoln D. Chafee, along with one photocopy. Would you kindly date stamp the photocopy and return.

If you have any questions regarding the enclosed, please contact Andrew W. Davis, Esq. or the undersigned. Thank you.

Sincerely,



W. Parish Lentz

WPL:mjh

Enclosures